## IOWA BOARD OF PHARMACY APPLICATION REEXAMINATION FOR PHARMACIST LICENSURE

NAME:		
ADDRESS:		
CITY/STATE/ZIP:		
TELEPHONE:		
SOCIAL SECURITY NO:		
DATE OF BIRTH:		
EXAMINATION(S) REQUESTED:	NAPLEX	MPJE
REASON FOR EXAMINATION:	REEXAM	BOARD ORDER
REINSTATEMENT	OTHER (expla	in)
HAVE YOU PREVIOUSLY TAKEN THE EXAMINATION FOR WHICH YOU ARE APPLYING? YES NO		
IF YOU RESPONDED YES, PLEASE EXAMINATION(S):		
SIGNATURE		DATE

## INSTRUCTIONS

NAPLEX®: Complete this application and submit it to the Iowa Board of Pharmacy, 400 SW Eighth St., Suite E, Des Moines, Iowa 50309-4688, with a fee of \$36 made payable to the Iowa Board of Pharmacy. Complete the Internet-based NAPLEX® | MPJE® registration form and credit card payment fee process, which can be found at <a href="https://www.nabp.pharmacy.">www.nabp.pharmacy.</a>

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